



**TOWN OF STONINGTON
ASSESSOR'S OFFICE
152 Elm Street • Stonington, Connecticut 06378
(860) 535-5098 • Fax (860) 535-5052**

April 15, 2015

Dear Property Owner:

The enclosed income and expense forms are due on or before the CLOSE OF BUSINESS on JUNE 1, 2015; and failure to file on time shall result in the addition of a 10% assessment penalty. An extension of up to thirty (30) days may be granted for "good cause" upon written request to the assessor, when such request is received no later than May 1st.

The assessor and board of assessment appeals may waive penalties upon written request "...if the owner of the real property required to submit the information is not the owner of such property on the assessment date for the grand list to which such penalty is added."

**Marsha L. Standish, CCMA II, CCMC
Assessor**

VERIFICATION OF PURCHASE PRICE

(Complete if the property was acquired on or after October 1, 2013)

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____

FIRST MORTGAGE	\$ _____	INTEREST RATE _____	% PAYMENT SCHEDULE TERM _____	YEARS _____	(Check One) <table border="1"><tr><td>Fixed</td><td>Variable</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Fixed	Variable				
Fixed	Variable										
SECOND MORTGAGE	\$ _____	INTEREST RATE _____	% PAYMENT SCHEDULE TERM _____	YEARS _____							
OTHER	\$ _____	INTEREST RATE _____	% PAYMENT SCHEDULE TERM _____	YEARS _____							

DID THE PURCHASE PRICE INCLUDE A PAYMENT FOR: Furniture? \$ _____ Equipment? \$ _____ Other(Specify) \$ _____

WAS THE SALE BETWEEN RELATED PARTIES? (CIRCLE ONE): YES NO APPROXIMATE VACANCY AT DATE OF PURCHASE _____ %

PROPERTY CURRENTLY LISTED FOR SALE? (CIRCLE ONE): YES NO

PROPERTY CURRENTLY LISTED FOR SALE? (CIRCLE ONE): YES NO

IF YES, LIST THE ASKING PRICE: \$ _____ DATE LISTED: _____ BROKER: _____

Remarks -- Please explain any special circumstances or reasons concerning your purchase (e.g., vacancy, conditions of sale, etc.): _____

All Filers should complete:

DECLARATION

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE INFORMATION CONTAINED HEREIN, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (Section 12-63c (d) of the Connecticut General Statutes).

SIGNATURE _____ NAME (Print) _____ DATE _____

TITLE _____ TELEPHONE _____

RETURN TO THE ASSESSOR ON OR BEFORE THE CLOSE OF BUSINESS ON JUNE 1, 2015



TOWN OF STONINGTON

2014 Annual Income and Expense Report

RETURN TO:
Office of the Assessor
Town Hall, 152 Elm Street
Stonington, CT 06378

TEL • 860-535-5098
FAX • 860-535-5052

Property Location: _____ (Must be filled in) Property Owner: _____ (Must be filled in)

FILING INSTRUCTIONS - The Assessor's Office is preparing for the revaluation of all real property located in Stonington. In order to fairly assess your real property, information regarding the property income and expenses is required. Connecticut General Statute §12-63c requires all owners of rental property to **annually** file this report. **The information filed and furnished with this report will remain confidential in accordance with §12-63c(b), which provides that actual rental and operating expenses shall not be a public record and is not subject to the provisions of §1-210 (Freedom of Information) of the Connecticut General Statutes.**

Please complete and return the completed forms to the Stonington Assessor's Office on or before June 1, 2015. Forms are also available on the Town of Stonington website @ www.stonington-ct.gov. In accordance with §12-63c(d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form timely or files an incomplete or false form with intent to defraud, shall be subject to a penalty assessment equal to a ten percent (10%) increase in the assessed value of such property.

GENERAL INSTRUCTIONS - Complete these forms for all rented or leased residential, commercial, retail, industrial or combination use property. Identify the property and address. **Provide information for the 2014 Calendar Year.** **TYPE/USE OF LEASED SPACE:** Indicate use of the leased space (i.e., office, retail, warehouse, restaurant, garage, etc.). **ESC/CAM/OVERAGE:** (Circle if applicable) **ESCALATION:** Amount, in dollars, of adjustment to base rent either pre-set or tied to the Inflation Index. **CAM:** Income received from common area charges to tenant for common area maintenance, or other income received from the common area property, such as from ATMs, Kiosk, and etc. **OVERAGE:** Additional fee or rental income. This is usually based on a percentage of sales or income. **OPTION PROVISIONS/BASE RENT INCREASE:** Indicate the percentage or increment and time period. **PROPERTY EXPENSES & UTILITIES PAID BY TENANT:** Indicate the property expenses & utilities the tenant is responsible for. Abbreviations may be used (e.g., "RE: for real estate taxes & "E" for electricity. **VERIFICATION OF PURCHASE PRICE** must be completed if the property was acquired on or after October 1, 2013.

WHO SHOULD FILE - All individuals and businesses receiving this form should complete and return this form to the Assessor's Office. If you believe that you are not required to fill out this form, please call the number listed above to discuss your special situation. All properties which are rented or leased, including commercial, retail, industrial and residential properties, except "*such property used for residential purposes, containing not more than six dwelling units and in which the owner resides*", must complete this form. If a property is partially rented and partially owner-occupied this report must be filed.

IF YOUR PROPERTY IS 100% OWNER-OCCUPIED, OR 100% LEASED TO A RELATED CORPORATION, BUSINESS, FAMILY MEMBER OR OTHER RELATED ENTITY, PLEASE INDICATE BY CHECKING THE FOLLOWING BOX ☐

HOW TO FILE - Each summary page should reflect information for a single property for the year of 2014. If you own more than one rental property, a separate report-form must be filed for each property in this jurisdiction. An income and expense report summary page and the appropriate income schedule must be completed for each rental property. Income Schedule A must be filed for apartment rental property and Schedule B must be filed for all other rental properties. **All property owners must sign & return this form to the Assessor's Office on or before June 1, 2015 to avoid the Ten Percent (10%) Assessment penalty.**

Extensions of up to 30 days may be granted upon a written request for "good cause" when such request is received on or before May 1st.

A COMPUTER PRINT-OUT IS ACCEPTABLE AS LONG AS ALL THE REQUIRED INFORMATION IS PROVIDED

RETURN TO THE ASSESSOR ON OR BEFORE June 1, 2015

Town of Stonington Assessor's Office
Marinas
Income and Expense Survey for Calendar Year 2014
(Due June 1, 2015)

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name: _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

Marina Characteristics-(see definitions that follow)

Which of the following best describes your marina operation?

Marina:	<input type="checkbox"/>	Marina/Boatyard	<input type="checkbox"/>	Dockminium/cooperative	<input type="checkbox"/>
Dry Land Marina:	<input type="checkbox"/>	Yacht Club	<input type="checkbox"/>	Mixed Use	<input type="checkbox"/>
Boatyard	<input type="checkbox"/>	Park/Public Moorage	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Winter Storage	<input type="checkbox"/>				

Please provide a schedule of season and off-season rates for all facilities.

In-Water facilities (Please complete all that apply)

Type of Slips	No. of slips	Rate	Available Utilities		Boat Launching Facilities	
Open-slips		\$	Electricity 110	<input type="checkbox"/>	Crane	<input type="checkbox"/>
Covered		\$	Electricity 220	<input type="checkbox"/>	Forklift	<input type="checkbox"/>
Enclosed		\$	Water	<input type="checkbox"/>	Hydraulic Trailer	<input type="checkbox"/>
Moorings		\$	Telephone	<input type="checkbox"/>	Travel Lift & Well	<input type="checkbox"/>
Total		\$	Cable TV	<input type="checkbox"/>	Boat Ramp	<input type="checkbox"/>
			Other _____	<input type="checkbox"/>		

Please identify the number of slips by length/width of slip and rental rate for each size category on a separate sheet of paper. Also please reflect rental basis (\$/l.f./month; \$/unit/season).

Dry Land Facilities (Please complete all that apply)

Dockside Services	Boat/Auto Storage	Size range	Additional Facilities	
Office <input type="checkbox"/>	Drystack <input type="checkbox"/> #		Over-night dockage <input type="checkbox"/>	Rental/Charter Service <input type="checkbox"/>
Fuel Facilities <input type="checkbox"/>	Oth. Indoor <input type="checkbox"/> #		Retail Store <input type="checkbox"/>	Laundry <input type="checkbox"/>
Engine Repair <input type="checkbox"/>	Outdoor <input type="checkbox"/> #		Restaurant <input type="checkbox"/>	Showers <input type="checkbox"/>
FbrGlass Repair <input type="checkbox"/>	Auto spaces <input type="checkbox"/> #		Apartments <input type="checkbox"/>	Restrooms <input type="checkbox"/>
Dry Sailor Spots <input type="checkbox"/>			Lockers <input type="checkbox"/>	Portalet <input type="checkbox"/>

(Marinas Cont'd.)

Product and Service Income

Slips/Mooring	\$ _____
Slips/Mooring Available for Transients	_____
Storage/Hauling	_____
Launch Service	_____
Repair Service	_____
Fuel/Oil Sales	_____
Retail Sales	_____
Food Service	_____
Apartment/Lodging Income	_____
Utility Charges/Miscellaneous Income	_____
Total Revenue	\$ _____

Annual Operating Expenses:

Fixed Expenses

Property Taxes	\$ _____
Personal Property Taxes	_____
Rent: Building/Docks/Land	_____
Rent: Equipment	_____
Insurance	_____
Total Fixed Expenses	\$ _____

Variable Expenses

Owner's Salary/Management Fee	\$ _____
Administrative/General	_____
Repairs/Maintenance	_____
Utilities (Heat, Light, Power)	_____
Trash Removal	_____
Sales/Marketing	_____
Salaries, Payroll and Related Benefits	_____
Total Variable Expenses	\$ _____

Total Operating Expenses	\$ _____
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Net Operating Income	\$ _____
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Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain: _____

Please provide comments or Additional information (may be attached).

Signature/Position_____
Date

Definitions

“Boatyard” means a facility that is intended to provide complete construction and repair services for all manner of marine craft in addition to such dry storage as may be found complimentary to the primary use.

“Dry (land) boat storage” means a space on dry land or within a building which is rented to the public for the purpose of storing boats.

“Marina” means a facility that provides wet moorage or dry storage, supplies, and services for pleasure craft and some types of commercial craft. Boat-launching facilities may also be provided at a marina.

“Marina/Boatyard” The purpose of this operation is to provide boat repair and storage services. The fueling of resident and transient crafts is permitted.

“Moorage” means any over-water facility for securing boats, including docks, piers, and mooring buoys, but excluding anchorage and dry boat storage.
